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LATIN AMERICAN PROGRAM | DECEMBER 2020

LATIN AMERICA HAS NO MARGIN OF ERROR IN ITS FIGHT AGAINST A SECOND WAVE

BY ALEJO CZERWONKO AND ADOLFO RUBINSTEIN

There is no room for sugarcoating – much of Latin America’s effort at managing the first wave of the coronavirus was dismal at best. The region’s distance from the origin of the outbreak gave it ample time to prepare for the arrival of the disease, but that did not keep it from becoming the global epicenter of the pandemic for a good part of 2020.

The last few weeks have been a harsh reminder that the risk of a second wave should be taken seriously. The United States and major European countries are struggling to manage the spread of the disease with the arrival of colder weather in the Northern Hemisphere. The rapid spread of the virus has alarmed Latin American governments, the business and scientific communities, and jittery populations. Having only recently stabilized the first wave at last, Latin America can’t afford to stall in planning to contain potential future outbreaks.

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Recent news on the effectiveness of the Pfizer/BioNTech, Moderna, and Oxford/AstraZeneca vaccines gives reason for hope that a medical solution to the pandemic is within arm’s reach. An additional ten other vaccines are undergoing large-scale Phase 3 clinical trials, and efficacy data for at least some of them is expected before year-end. We expect at least two candidates to obtain regulatory approval this year, making widespread production and distribution likely throughout the first half of 2021.

That said, an effective vaccine might not become readily available for Latin America in the current environment of vaccine nationalism. Most developed countries have moved to strike exclusive arrangements with vaccine providers, so Latin America might need to devise creative solutions to obtain supplies. The region could, for example, leverage its cumulative geopolitical clout, and team up with other emerging countries, to press for greater global cooperation, such as more generous funding for the World Health Organization’s COVAX facility, designed to negotiate bulk purchases of vaccines and improve access for developing countries.

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Even then, vaccine access in Latin America would be limited; sufficient global cooperation might be difficult to achieve in the face of both national self-interest and production limitations. The region will need to fend for itself. To be sure, authorities in Latin America have been vying for vaccine producers’ attention. Argentina, Brazil, Peru, Colombia, Mexico, and Chile – all with very high rates of infection – have tried to turn weakness into strength by opening their doors to large-scale trials of a wide range of internationally developed vaccines. By allowing domestic populations to be tested as a way of building good will, a number of countries struck early-purchase deals and local production agreements with some key vaccine providers. Latin America’s cooperation with Chinese pharmaceutical companies Sinopharm, Sinovac, and CanSino could help ease concerns, but results from their Phase 3 trials are not yet available, leaving open questions on efficacy and safety.

Governments have a lot more to do to protect their populations. To start with, all the vaccines under development appear to require delivery in two doses. For Latin America to reach herd immunity, more than 650 million people would need to be inoculated. More than 1.3 billion doses is, to say the least, a huge amount to secure. Latin American countries are making individual deals with governments and pharmaceutical companies to ensure availability for themselves. Unfortunately, the region has not coordinated to secure better access in terms of supply and price.

An additional challenge is the “cold chain” delivery required as vaccines travel from the factory to the clinic to the patient. Both the Pfizer/BioNTech and Moderna vaccines require strict temperature controls, and both must be kept exceedingly cold. Luckily, the Oxford/AstraZeneca jab can be stored in a regular fridge. Still, governments will need to deepen their investment in infrastructure and human-resource training for purposes of temperature control and distribution. One particular difficulty arises if several doses are stored in a single vial, which would save money but require health workers to safely draw out the right dose while keeping the remainder

sterile and secure. These and other challenges of vaccine distribution and administration should not be minimized.

Even in the optimistic scenario where many effective and safe vaccines become available before the middle of next year, most Latin Americans would not likely be vaccinated until the year-end. This would mean that the use of masks, social distancing, and other behavioral changes would need to remain in place for an extended period, and governments would have to combat pandemic fatigue to ensure compliance with public health measures.

Latin America's socioeconomic fabric has been deeply disrupted by the coronavirus. With an estimated 45 million people likely to fall below the poverty line this year, amid widespread unemployment and a surge in informal labor, Latin America will suffer from the pandemic's effects for years to come. Governments need to act now to keep the path to recovery from getting even longer.

Alejo Czerwonko is UBS's Chief Investment Officer for Emerging Markets Americas.

Adolfo Rubinstein is the Director of the Center for Implementation and Innovation in Health Policy and a former Health Minister of Argentina.